

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/05/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155006		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 09/15/2011	
NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 N ALBER ST WABASH, IN46992			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: September 12, 13,14 & 15, 2011</p> <p>Facility number: 000006 Provider number: 155006 AIM Number: 100290220</p> <p>Survey team: Vicki Bickel, RN-TC Deanne Mankell, RN Delinda Easterly, RN Karen Lewis, RN</p> <p>Census bed type: SNF/NF: 69 Total: 69</p> <p>Census by payor source: Medicare: 3 Medicaid: 59 Other: 7 Total: 69</p> <p>Sample 15 Supplemental: 1</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0155 SS=D	<p>Quality review completed 9/18/11 Cathy Emswiller RN</p> <p>The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive as specified in paragraph (8) of this section.</p> <p>Based on record review and interview, the facility failed to ensure the nursing staff informed the resident of possible complications related to repeated refusal of physician ordered medications for 1 of 10 residents reviewed for medication administration in a sample of 15. (Resident #15)</p> <p>Findings include:</p> <p>1.) Resident #15's clinical record was reviewed on 9/12/11 at 11:20 a.m.</p> <p>Resident #15's current diagnosis included, but were not limited to, vascular dementia with delusions, hypertension, atrial fibrillation, anemia, and constipation.</p> <p>A Quarterly Medicare 90 day Minimum Data Set (MDS) assessment, dated 7/4/11, indicated Resident #15's cognition was severely impaired.</p> <p>The clinical record lacked any information related to the resident having been informed of the possible</p>			F0155	<p>It is the policy of Millers Merry Manor, Wabash East, to ensure that residents rights are followed per regulatory guidelines. the resident has the right to refuse treatment, which could include medications, as long as the consequences are communicated to the resident in a manner that is understandable to them.</p> <p>continued refusal of medications will be assessed by the licensed nurse and the physician will be notified. I. Resident # 15; the care plan has been revised to include the residents refusal of medications. the physician has been notified of refusal of medications. The family/resident have been educated on the adverse effects that could possibly occur due to the refusal of physician ordered meds. II. all residents have the potential to be affected by this deficient practice. All clinical records will be reviewed. Any resident with noted medication refusals which could cause potential adverse effects to the resident will have this documented on the plan of care. Physician will be updated. the resident/POA will be educated on the potential adverse effects of medication refusal. III. The</p>		10/15/2011

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	<p>complications related to refusing physician ordered medications on the following dates:</p> <p>7/2/11 Resident refused Coumadin (blood thinner) and Aricept (used for dementia)</p> <p>7/10/11 Resident refused 8 p.m. Aricept</p> <p>7/14/11 Resident refused 9 a.m. Folic Acid (vitamin supplement) and Docusate Sodium (stool softener)</p> <p>7/20/11 Resident refused 4 mg of 8 mg dose of Coumadin ordered</p> <p>8/11/11 Resident refused Aricept and Coumadin</p> <p>8/13/11 Resident refused Aricept</p> <p>8/19/11 Resident refused Aricept</p> <p>8/20/11 Resident refused Aricept and Coumadin</p> <p>8/21/11 Resident refused Aricept, Metoprolol (blood pressure), Risperidol, and Coumadin</p> <p>8/24/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p> <p>8/25/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p> <p>8/27/11 Resident refused Folic Acid and Docusate Sodium</p> <p>During an interview on 9/14/11 at 2:20 p.m., with the DoN, additional information was requested related to the resident having been informed of possible complications from refusing physician ordered medications.</p>				<p>following measures will be put into place to ensure this deficient practice will not reoccur. All nurses were re-educated on the policy for medication refusal. All MAR/TX records will be reviewed 3x's weekly by the DON or Designee for the next month, then 2x's weekly for 1 month and then weekly thereafter for 4 months to ensure that the medication refusal are documented properly and appropriate notification have been completed. IV. the corrective action will be monitored utilizing the QA tool (exhibit A) medication refusal. any issues noted will be addressed immediately. All issues will be documented on the QA log. this will reviewed in the monthly QA meetings for 6 months then the QA committee will determine if the issue is resolved or if any further action is needed. V. Date of Compliance: 10/15/2011</p>		

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	<p>During an interview on 9/14/11 at 4 p.m., the DoN indicated she had no additional information to provide related to the resident having been informed of possible complications from refusing physician ordered medications.</p> <p>Review of a current facility policy dated 2004, provided by Social Services on 9/14/11 at 2:27 p.m., titled "Medication Refusal", included, but was not limited to, the following:</p> <p>"A. PURPOSE</p> <p>1. To administer medications according to guidelines set forth by manufactures labeling guidelines and in conjunction with Federal and State requirements.</p> <p>The Resident has the right to refuse treatment, which could include medications, as long as the consequences are communicated to the resident in a manner that is understandable to them. Continued refusal of medications. will be assessed by the licensed nurse and the physician will be notified...."</p> <p>3.1-35(g)(2)</p>						

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F0157 SS=D	<p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the physician was notified of a resident repeatedly refusing medications for 1 of 10 residents reviewed for medication administration in a sample of 15. (Resident #15)</p> <p>Findings include:</p>			F0157	<p>It is the policy of Miller's Merry Manor, Wabash East to ensure that Physican and Family Notifications are followed as per regulatory guidelines. the resident has the right to refuse treatment, which could include medications, as long as the consequences are communicated to the resident in a manner that is understandable to</p>		10/15/2011

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	<p>1.) Resident #15's clinical record was reviewed on 9/12/11 at 11:20 a.m.</p> <p>Resident #15's current diagnosis included, but were not limited to, vascular dementia with delusions, hypertension, atrial fibrillation, anemia, and constipation.</p> <p>A Quarterly Minimum Data Set (MDS) assessment, dated 7/4/11, indicated Resident #15's cognition was severely impaired.</p> <p>The clinical record lacked any information related to the resident's physician having been notified of the resident refusing medications on the following dates:</p> <p>7/2/11 Resident refused Coumadin (blood thinner) and Aricept (used for dementia)</p> <p>7/10/11 Resident refused 8 p.m. Aricept</p> <p>7/14/11 Resident refused 9 a.m. Folic Acid (vitamin supplement) and Docusate Sodium (stool softener)</p> <p>7/20/11 Resident refused 4 mg of 8 mg dose of Coumadin ordered</p> <p>8/13/11 Resident refused Aricept</p> <p>8/19/11 Resident refused Aricept</p> <p>8/21/11 Resident refused Aricept, Metoprolol (blood pressure), Risperidol, and Coumadin</p> <p>8/24/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p>				<p>them. Continued refusal of medications will be assessed by the Licensed Nurse and the Physician and the Family will be notified. I. Resident # 15 : The physician and family have been notified of the residents refusal of medication.II. All residents have the potential to be affected by this deficient practice. All clinical records will be reviewed. All Nurses will be re-educated on the policy for medication and notification refusal. Any resident with noted medication refusals which could cause potential adverse effects to the resident will have this documented on the Plan of Care. Physician will be updated. The resident/ POA will be educated on the potential adverse effects of medication refusal.III. The following measures will be put into place to ensure this deficient practice will not reoccur.All nurses were re-educated on the policy for medication refusal.All MAR/TX records will be reviewed 3x's weekly by the DON or Designee for the next month, then 2x's weekly for 1 month and then weekly thereafter for 4 months to ensure that the medication refusal are documented properly and appropriate notification have been completed.IV. the corrective action will be monitored utilizing the QA tool (exhibit A) medication refusal. any issue s noted will be addressed immediately. All issues will be documented on the QA</p>		

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	<p>8/25/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p> <p>8/27/11 Resident refused Folic Acid and Docusate Sodium</p> <p>During an interview on 9/14/11 at 2:20 p.m., with the DoN, additional information was requested related to the lack of physician notification in regards to Resident #15 refusing medications.</p> <p>During an interview on 9/14/11 at 4 p.m., the DoN indicated she had no additional information to provide regarding the lack of physician notification for Resident #15 refusing medications.</p> <p>Review of a current facility policy dated 2004, provided by Social Services on 9/14/11 at 2:27 p.m., titled "Medication Refusal", included, but was not limited to, the following:</p> <p>"A. PURPOSE</p> <p>1. To administer medications according to guidelines set forth by manufactures labeling guidelines and in conjunction with Federal and State requirements....</p> <p>....Continued refusal of medications will be assessed by the licensed nurse and the</p>				<p>log. this will reviewed in the monthly QA meetings for 6 months then the QA committee will determine if the issue is resolved or if anyfurther action is needed.V. Date of Compliance: 10/15/2011</p>		

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F0241 SS=D	<p>physician will be notified...."</p> <p>3.1-5(a)(3)</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation, record review, and interview, the facility failed to promote the dignity of the residents when 2 staff members were observed standing to feed 2 of 7 residents who needed to be fed during 1 of 2 dining observations (Residents # 14 and #22 and LPNs #4 and #5).</p> <p>1. During the supper meal on 9/12/11 at 5:00 P.M., LPN #4 was observed giving Resident #22 a bite of food as she stood beside her. She continued standing as she gave her bites of food at 5:01 P.M. and 5:02 P.M.</p> <p>LPN #4 moved to the other side of the table and gave Resident #14 two bites of food and a drink from a cup at 5:02 P.M. as she stood.</p>			F0241	<p>It is the policy of Millers Merry Manor, Wabash East to promote care for residents in a manner and in a environment that maintains or enhances each residents dignity and respect in full recognition of his or her individuality.I. Resident # 22 and resident # 14 showed no adverse effects or distress related to this deficient practice. Nurse # 4 and #5 have been re-educated on proper feeding techniques for dependant residents. II. All residents dependant for feeding have the potential to be affected by this deficient practice.III.The following measure will be put into place to ensure this deficient practice will not reoccur. All staff re-educated regarding feeding dependant residents. Meals will be monitored by Administrator or Designee, daily for 2 weeks, then 3x's weekly for 1 month, then weekly there after for 4 months to ensure that residents are fed in a</p>		10/15/2011

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	<p>LPN #4 returned to resident #22 at 5:03 P.M. and stood as she gave her a bite of food.</p> <p>LPN #5 stood and fed Resident #14 a bite of food at 5:03 P.M. She continued to stand as she fed her food and drinks until 5:05 P.M. when she got a stool and sat to feed Resident #14.</p> <p>LPN #4 continued to stand and fed Resident #22 more of her supper and gave her drinks of liquids. At 5:06 P.M., she obtained a stool and sat down beside Resident #22 and fed her as she sat on the stool.</p> <p>Resident #14's clinical record was reviewed on 9/14/2011 at 1:33 P.M.</p> <p>Resident #14's diagnoses included, but were not limited to Alzheimer's disease, macular degeneration, and cancer of the prostate.</p> <p>Resident #14's July 2011 recapitulation orders indicated the resident was on a pureed diet with nectar thick liquids.</p> <p>Resident #14's annual MDS (minimum data set) assessment dated 7/21/2011 indicated he was severely impaired for decision making and was totally dependent on 1 staff member for eating.</p>				<p>dignified and respectful manner.IV.The corrective action will be montored utilizing Qa tool (exhibit B)feeding procedure. all issues will be addressed immediately. All issues will be documented on the QA log. This will be addressed in the monthly QA meeting for the next 6 months. The QA committee will determine if the issue is resolved or if further action is needed.V. Date of compliance: 10/15/2011</p>		

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	<p>Resident #14's care plan dated 8/19/2010 and revised on 4/25/2011 for the problem of "Nutritional risk related to: Therapeutic diet of pureed with nectar thick liquid....Fed by staff."</p> <p>Resident #22's clinical record was reviewed on 9/12/2011 at 2:10 P.M.</p> <p>Resident #22's diagnoses included, but were not limited to Alzheimer's disease, dementia with delusions, and peripheral vascular disease.</p> <p>Resident #22's July 2011 recapitulation orders indicated the resident was on a pureed diet.</p> <p>Resident #22's significant change MDS assessment dated 7/20/2011 indicated she was severely impaired for decision making and was totally dependent on 1 staff member for eating.</p> <p>Resident #22's current care plan dated 10/28/2008 and revised on 8/31/2009 with a last care plan review date of 8/12/2011 for the problem of "high risk nutritional (sic) alert related to: choking risk is on pureed diet, fed by staff."</p> <p>During an interview with the DON (director of nursing) on 9/15/2011 at 9:05</p>						

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F0279 SS=D	<p>A.M., she indicated the staff know better and it's been a long time since I have seen them stand to feed.</p> <p>3.1-3(t)</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). Based on record review and interview, the facility failed to ensure the nursing staff developed a comprehensive health care plan in regards to a resident refusing medications for 1 of 15 residents reviewed for care plan development in a sample of 15. (Resident #15)</p>			F0279	<p>It is the policy of Millers Merry Manor , Wabash East to use the results of the assessment to develop, review and revise the residents comprehensive plan of care.I. Resident #15 : The care plan has been revised to include the residents refusal of medications. The Physican has</p>		10/15/2011

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	<p>Findings include:</p> <p>1.) Resident #15's clinical record was reviewed on 9/12/11 at 11:20 a.m.</p> <p>Resident #15's current diagnosis included, but were not limited to, vascular dementia with delusions, hypertension, atrial fibrillation, anemia, and constipation.</p> <p>A Quarterly Medicare 90 day Minimum Data Set (MDS) assessment, dated 7/4/11, indicated Resident #15's cognition was severely impaired.</p> <p>The July and August 2011 Medication Administration Records (MARs) indicated the resident had refused medications on the following dates:</p> <p>7/2/11 Resident refused Coumadin (blood thinner) and Aricept (used for dementia)</p> <p>7/10/11 Resident refused 8 p.m. Aricept</p> <p>7/14/11 Resident refused 9 a.m. Folic Acid (vitamin supplement) and Docusate Sodium (stool softener)</p> <p>7/20/11 Resident refused 4 mg of 8 mg dose of Coumadin ordered</p> <p>8/11/11 Resident refused Aricept and Coumadin</p> <p>8/13/11 Resident refused Aricept</p> <p>8/19/11 Resident refused Aricept</p> <p>8/20/11 Resident refused Aricept and Coumadin</p>				<p>been notified of refusal of medications.II. All residents have the potential to be affected by this deficient practice. All clinical MAR records will be reviewed. Any resident with noted medication refusals which could cause potential adverse effects to the resident will have this documented on the plan of care. Physician will be updated. The resident/POA will be educated on the potential adverse effects of medication refusal.III. The following measures will be put into place to ensure this deficient practice will not reoccur.All nurses were re-educated on the policy for medication refusal.All MAR/TX records will be reviewed 3x's weekly by the DON or Designee for the next month, then 2x's weekly for 1 month and then weekly thereafter for 4 months to ensure that the medication refusal are documented properly and appropriate notification have been completed.IV. the corrective action will be monitored utilizing the QA tool (exhibit A) medication refusal. any issue s noted will be addressed immediately. All issues will be documented on the QA log. this will reviewed in the monthly QA meetings for 6 months then the QA committee will determine if the issue is resolved or if anyfurther action is needed.V. Date of Compliance; 10/15/2011</p>		

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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR				STREET ADDRESS, CITY, STATE, ZIP CODE 1900 N ALBER ST WABASH, IN46992			
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	<p>8/21/11 Resident refused Aricept, Metoprolol (blood pressure), Risperidol, and Coumadin</p> <p>8/24/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p> <p>8/25/11 Resident refused Aricept, Metoprolol, Risperidol, and Coumadin</p> <p>8/27/11 Resident refused Folic Acid and Docusate Sodium</p> <p>The clinical record, reviewed on 9/12/11, lacked any health care plan related to the resident refusing medications.</p> <p>During an interview on 9/13/11 at 4:30 p.m., with the Administrator and DoN, additional information was requested related to the lack of development of a comprehensive plan of care for Resident #15 related to the refusing of medications.</p> <p>The facility failed to provide any nursing comprehensive health care plan related to the resident refusing medications for Resident #15 as of 9/14/11.</p> <p>Review of a current facility policy dated 2010, provided by the DoN on 9/14/11 at 2:32 p.m., titled "Care Plan Development & Review", included, but was not limited to, the following:</p> <p>"1. PURPOSE:</p> <p>A. To assure that a comprehensive</p>						

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	<p>care plan for each resident includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment process.</p> <p>2. CARE PLAN DEVELOPMENT:...</p> <p>...C. The comprehensive care plan is designed to:...</p> <p>...VI. Show evidence that the facility has provided adequate information to the resident so that they are able to make an informed choice regarding treatment or refusal of treatment.</p> <p>VII. Show evidence of efforts to find alternative means to address problems when resident is refusing treatment....</p> <p>...IX. Show evidence that treatment or services provided are to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being...."</p> <p>3.1-35(a)</p>						
F0309 SS=D	Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.						

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	<p>Based on interview and record review the facility failed to ensure a low blood pressure was assessed for 1 (Resident #22) of 15 residents reviewed for abnormal blood pressures in a sample of 15.</p> <p>Findings include:</p> <p>Resident # 22's clinical record was reviewed on 9/12/11 at 2:10 p.m. Diagnoses included, but were not limited to: Alzheimer's disease, dementia with delusions, vitamin b12 deficiency, and peripheral vascular disease.</p> <p>The facility "Occurrence Initial Assessment dated 6/1/11 at 16:20 (4:20 p.m.), received and reviewed on 9/14/11, indicated Resident #22 received a small skin tear while being dried after showering. Staff obtained vital signs of blood pressure 71/49, heart rate of 75, respirations of 18, and temperature of 96.3. The document further indicated the physician and family were notified of the skin tear. There was no mention of the low blood pressure noted.</p> <p>The "Weights and Vitals Summary", received and reviewed on 9/14/11, indicated on 6/1/11 at 16:52 (4:52 p.m.) the resident's blood pressure to be 71/49. The next documented blood pressure, of</p>			F0309	<p>It is the policy of Millers Merry Manor, Wabash East that each resident will receive and the facility will provide the necessary care and services to attain or maintain the highest practical level of physical, mental and psychosocial well being, in accordance with the comprehensive assessment and plan of care.I. Resident #2: The licensed Nurse on duty did re-evaluate the residents blood pressure later in the shift, the residents blood pressure was noted to be within limits, this was documented on the 24 hour condition change report. Further assessment of residents B/P was also within residents normal range. The resident had no adverse effects. The Physician has reviewed resident's B/P's for the month with out changes recommended.II. All residents have the potential to be affected by this deficient practice. No other residents have been identified at this time. Vital signs records in the EMR(electronic medical records) were reviewed for all residents.III. The following measures will be put into place. Staff re-education for Nurses regarding vital signs and notification guidelines. All residents with changes of condition will be monitored every shift or as otherwise ordered by the Physician until the issue is resolved. The information will be documented by the Licensed</p>		10/15/2011

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F0323 SS=D	<p>118/66, was on 6/2/11 at 9:48 a.m.</p> <p>The "Weights and Vitals Summary" indicated the following blood pressures:</p> <p>May 20, 2011 118/66 May 27, 2011 94/52 June 1, 2011 71/40 June 2, 2011 118/66 June 2, 2011 104/51 June 3, 2011 114/64 June 4, 2011 107/64 June 5, 2011 118/66</p> <p>Review of the "Progress Notes" for 6/1/11, received on 9/14/11, indicated a dentist visit, and a new physician order addressing the skin tear. No further "Progress Notes" for 6/1/11 were present.</p> <p>An interview with the Director of Nursing, conducted on 9/15/11 at 9:00 a.m., indicated the resident's blood pressure should have been rechecked, at that time, and then determine if further assessment needed.</p> <p>3.1-37(a)</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation and interview the facility failed to ensure 1 of 1 cookie</p>			F0323	<p>Nurse in the EMR. The Physican/family will be notified of condition changes per facility policy.IV.The corrective action will be monitored by the DON/Designee utilizing the QA tool "24 hour condition change". This will be completed daily x's 2 weeks, then 3'x weekly for two weeks, and then monthly thereafter ongoing per facility QA protocol. All issues identified will be addressed immediately. Any issues will be documented on the QA log and this will be reiewed in the monthly QA meeting ongoing.V. Date of Compliance:10/15/2011</p> <p>It is the policy of Miller Merry Manor, Wabash East to ensure</p>		10/15/2011

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	<p>ovens were not accessible to residents, without supervision.</p> <p>Findings include:</p> <p>The environmental tour was conducted on 9/13/11 at 3:00 p.m. with Maintenance Assistant #6, Maintenance Assistant #7 and Housekeeping Supervisor #8.</p> <p>In the main dining room, a cookie oven was observed to be sitting on the countertop of the storage cabinetry. The cookie oven was sitting in front of an electrical outlet with the on /off switch facing the room and was easily accessible to any resident. The oven was not covered. The doors to the dining room are left open. The dining room is not staffed during non-meal times. Residents were observed through out the survey coming in and out of the dining room when meal service was not available.</p> <p>An interview, conducted at the same time, with Maintenance Assistant #7 indicated the cookie oven should not have been stored on the countertop and could understand the potential hazard. The cookie oven was removed immediately.</p> <p>The Director of Nursing, interviewed on 9/14/11 at 9:05 a.m., indicated there were 3 wandering residents currently residing</p>				<p>that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistive devices to prevent accidents.I. No residents were affected by this deficient practice.II. All residents have the potential to be affected by this deficient practice.III. The following measure was implemented on 9/13/2011, The cookie oven was removed from the Main Dining Room, immediately.IV. The corrective actions are: Maintenance or designee will do daily safety checks to ensure that the cookie oven is behind a locked door in the Activity room. The door locks of the Activity room doors were replaced with, automatic locking handles and closures to ensure ongoing resident safety measures. The checks will be done daily, using QA tool (exhibit E), this will be done daily x's 2 weeks, then 2x's weekly for 1 month, and then monthly checks thereafter for 6 months to ensure compliance. Any issues will be addressed immediately, documented on the QA log. This will be reviewed monthly in the QA meeting for the next 6 months. The QA committee will determine if the issue is resolved or if any further action is needed.V. Date of compliance: 10/15/2011</p>		

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F0332 SS=E	<p>in the facility.</p> <p>3.1-45(a)(1)</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>Based on observation, record review and interview the facility failed to ensure 3 of 6 licensed nursing staff (LPN #'s 1, 2, 3) administered medications correctly as ordered by the physician for 3 of 8 residents (Resident #'s 24, 43, 54) observed receiving medications during the medication pass, which consisted of 42 opportunities with 4 medication errors. This resulted in a medication error rate of 9 %.</p> <p>Findings include:</p> <p>1. The clinical record for Resident #24 was reviewed on 9/13/11 at 11:00 a.m..</p> <p>Resident #24's current diagnoses included, but were not limited to, type 2 diabetes mellitus, peripheral vascular disease and depression.</p> <p>Resident #24 had a healthcare plan, dated 5/25/11, which indicated the resident had a focus area listed as, resident is insulin</p>			F0332	<p>It is the policy of Millers Merry Manor, Wabash East to ensure the facility is free of medication error rates of 5% or greater.I. Resident #24: Resident #43 and Resident #54. None of the residents had an adverse effect related to this deficient practice. LPN's #1,#2,#3 have re-educated.II. All residents have the potential to be affected by this deficient practice.III. The following measures will be put into place to ensure this deficient practice does not reoccur. All Licensed Nurses/QMA's will be re-educated on medication administration guidelines. All MAR's have been reviewed and proper time adjustments have been completed.The DON/Designee will observe random medication passes daily for 2 weeks, then 2x's weekly for 2 weeks and then monthly thereafter for 6 months.The consulting pharmacist also completes periodical medication pass audits.Licensed nurses complete annual skills check for medication pass.IV. The corrective action (exhibit D) will</p>		10/15/2011

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	<p>dependent diabetic. Interventions for this focus area included, monitor blood sugar as ordered and give insulin as ordered.</p> <p>Resident #24 had current physician's orders for the following,</p> <p>a. Monitor blood sugar 3 times daily at 6:00 a.m., 11:00 a.m. and 4:00 p.m.</p> <p>b. Administer sliding scale Novolog insulin subcutaneously 3 times daily based on blood sugar results as noted below,</p> <p>less than 150 = 14 units 151 -200 = 16 units 201 - 250 = 18 units 251 - 300 = 20 units greater than 300 = 24 units</p> <p>During an observation of the medication pass with LPN #1 on 9/12/11 at 11:15 a.m. , LPN #1 checked Resident #24's blood sugar. The resident's blood sugar result was 132. At 11:20 a.m. LPN #1 administered 14 units of Novolog insulin to Resident # 24. The nurse administered the insulin subcutaneously into the resident's abdomen. Resident #24 was in her bed in her room at the time of the observation.</p> <p>During observation on 9/12/11 at 11:45</p>				<p>be monitored utilizing the QA tool "medication pass ". Any issues observed will be addressed immediately. All issues will be documented on the QA log. This will be reviewed in the monthly QA meetings for the next 6 months. The QA committee will determine if the issue is resolved or if further action is needed. V. Date of compliance: 10/15/2011</p>		

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	<p>a.m. Resident #24 was observed up in her wheelchair in the dining room . The resident was served her lunch tray at 11:55 a.m. This resulted in a time period of 35 minutes from the time the resident received her insulin medication and the resident received her lunch meal.</p> <p>Review of the 2010 "Lippincott Nursing Drug Guide", located at the Nurses Station,, on page 626, indicated the onset of the Novolog insulin medication was 10-20 minutes.</p> <p>2. During the medication pass on 9/12/2011 at 4:20 P.M., Resident #24 was observed being administered a sq (subcutaneous) injection of 16 units of Novolog insulin (regular insulin) by LPN #2, which was the ordered dose based on her sliding scale orders. She was observed in the main dining room being fed her supper at 5:02 P.M. This was 42 minutes after she had received her injection of insulin.</p> <p>3. During the medication pass on 9/13/2011 at 1:30 P.M., Resident #43 was observed being administered his medication of famotidine (Pepcid) (antacid medication) 20 mg (milligrams) by mouth by LPN #3.</p> <p>Resident #43's clinical record was reviewed on 9/13/2011 at 2:45 P.M.</p>						

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	<p>Resident #43's recapitulation orders for July 2011 indicated famotidine 20 mg. tab: give 1 tab by mouth daily at 12:00 P.M."</p> <p>4. During the medication pass on 9/13/2011 at 1:47 P.M., Resident #54 was observed being administered her medication of methadone 5 mg (milligrams) by mouth by LPN #3.</p> <p>Resident #54's clinical record was reviewed on 9/13/2011 at 2:10 P.M.</p> <p>Resident #54's recapitulation orders for July 2011 indicated "methadone 5 mg tab: give 1 tab by mouth daily 12:00 P.M. (Hold if sedated)" and "methadone 10 mg tab: give 1 tag daily at 4 AM and 8 PM., Hold if sedated."</p> <p>Review of the policy for "Medication Administration Procedure" dated 9/13/2011 and provided by the DON (Director of Nurses) on 9/13/2011 at 2:45 P.M. indicated "15. Ensure that the resident receives the med at the correct time - 60 min before or after scheduled time.</p> <p>3.1-25(b)(9) 3.1-48(c)(1)</p>						

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